

Fee: \$20.00

**The Commonwealth of Massachusetts
Town of Westford**

Expiration date:

Business Certificate

Date _____

In conformity with the provisions of Ch.110, §5 of the General Laws, as amended, the undersigned hereby declare(s) that a business under the title of:

Name of Business: _____ Phone #: _____

Please indicate if this business is incorporated

Nature of Business: _____ **is conducted at**

Location of Business: _____
(please indicate street address and mailing address if different)

by the following named persons.

Full Name

Present Address

Please sign in front of a Notary Public or a member of the Town Clerk's Office staff.

Signature

Signature

Signature

Signature

Commonwealth of Massachusetts

County

Date _____

Personally appeared before me the above-named _____, proved his/her identification with satisfactory evidence, which were _____ and made oath that the foregoing statements are true. Signed and sealed.

Notary / Town Clerk's Office staff signature

My Commission expires:

County

Date _____

Personally appeared before me the above-named _____, proved his/her identification with satisfactory evidence, which were _____ and made oath that the foregoing statements are true. Signed and sealed.

Notary / Town Clerk's Office staff signature

My Commission expires:

A certificate issued in accordance with this section shall be in force and effect for four years from the date of issue and shall be renewed each four years thereafter so long as such business shall be conducted and shall lapse and be void unless so renewed.

(Seal)

Town Clerk